

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
841 Chestnut Building  
Philadelphia, Pennsylvania 19107

SUBJECT: RCRA Inspection *Delco MORaine, Division G.M.C.*  
*VAD 091222588*

DATE: *4/8/87*

FROM: Christopher P. Thomas, Environmental Engineer *C.P. Thomas* *4/8/87*  
DELMARVA, DC, WV RCRA Enforcement Section (3HW15)

TO: FILE

THRU: John A. Armstead, Chief  
DELMARVA, DC, WV RCRA Enforcement Section (3HW15)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY  
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS  
REQUIRED AT THIS TIME.

*For 6 waste stream is no longer a RCRA hazardous waste, per the 12/2/86 Federal  
Register.*

MAR 24 1987

CERTIFIED - RETURN  
RECEIPT REQUESTED

Mr. David Turner, Facilities Manager  
Delco Moraine, Division G.M.C.  
3401 Tidewater Trail  
Fredericksburg, Virginia 22401

Re: EPA ID # VAD091222588

Dear Mr. Turner:

Enclosed are copies of checklists which were completed during a recent (3/18/87) Hazardous Waste Inspection at your facility.

We found your facility to be in compliance, but suggest that you maintain a more formal drum storage inspection log. (Virginia Hazardous Waste Management Regulations (VHWMR) 9.1.P.2.a. and 9.1.P.4.)

We also suggest that you consider modifying your closure plan at this time because of the loss of your F006 waste stream.

Thank you for your cooperation during this inspection.

If you have further questions or need for assistance, please call me at (804) 225-2667.

Sincerely,

Thomas L. McCarley, Chemist  
Department of Waste Management

Enclosures

TLM:512/lhc

CHECKLIST FOR RCRA INSPECTION OF TREATMENT,  
STORAGE & DISPOSAL (TSD) FACILITIES

Form "E" (VA)  
4/1/86

Name of Facility: Deko Moraine division GMC  
Address: 3401 Tidewater Trail  
Fredericksburg VA 22401  
EPA ID Number: VAD091 222588  
Facility Inspection Representative: Mr. David Turner  
Title: Facilities Manager  
Telephone: (703) 899-5060

VA HWM Regs.

Reference

1. The facility: treats, stores, disposes  
(Circle as appropriate)
- 9.1.C.1. 2. Does the facility receive hazardous waste from a foreign source? Yes No  
If yes, has the facility notified the Commissioner of the date of arrival? Yes No N/A
- 9.1.D.(1, 2, 3) 3. Does the facility have a detailed chemical and physical analysis of a representative sample of the waste? Yes No
- 9.1.D.5. 4. Does the facility have a waste analysis plan which specifies the following:  
a) the parameters for each hazardous waste; Yes No  
b) test methods for each parameter; Yes No  
c) the sampling method used to obtain a representative sample; Yes No  
d) frequency to review initial analysis. Yes No
- 9.1.D.6. 5. If the facility receives wastes generated off-site, does the plan specify procedures and sampling methods to ensure that the waste matches the identity of the waste designated on the accompanying manifest or shipping paper? N/A  
Yes No
- 9.1.E.1. 6. Will physical contact or disturbance of the waste injure unknowing persons or livestock? Yes No

If yes, does the TSD facility have:

- 9.1.E.2.a. a) a 24-hour surveillance system which monitors and controls entry to the active portion of the facility? ☒ Yes ☐ No
- 9.1.E.2.a.(1) b) an artificial or natural boundary which surrounds active portions of the facility? and, ☒ Yes ☐ No
- 9.1.E.2.a.(2) c) a means to control entry at all times? (i.e., gates, attendants, locked entrances, etc.) ☒ Yes ☐ No
- 9.1.E.3. d) a restricted access sign posted at each entrance to the active portion of the facility? ☒ Yes ☐ No
- Is sign legible from a distance of 25 feet? ☒ Yes ☐ No
- Is sign in English and any other foreign language predominant to the geographical area? ☒ Yes ☐ No
- 9.1.F.2.a. 7. Does the TSD facility have a written schedule for inspecting all equipment necessary for prevention, detection or response to environmental or human health hazards? ☒ Yes ☐ No
- 9.1.F.2.c. a) Does the schedule identify the types of problems which are to be looked for during the inspection? ☒ Yes ☐ No
- 9.1.F.2.d. b) Does the schedule include frequency of these inspections? ☒ Yes ☐ No
- 9.1.G.1. 8. Have the facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? ☒ Yes ☐ No
- 9.1.G.2. 9. Have new employees to the facility successfully completed training mentioned above within 6 months of their employment or assignment to the facility? ☒ Yes ☐ No
- 9.1.G.3. 10. Do personnel participate in an annual review of their initial training? ☒ Yes ☐ No
- 9.1.G.4.a. 11. Does the facility maintain a record of (a) job titles for personnel that are involved with hazardous waste management and (b) the name of the employee filling each job? ☒ Yes ☐ No

- 9.1.G.4.b. 12. Does the facility have on record a written position description for each job title noted in Question #11? ☒ Yes ☐ No
- 9.1.G.4.c. 13. Does the facility maintain a written description of the type and amount of introductory and continuing training for those employees involved in hazardous waste management? ☒ Yes ☐ No
- 9.1.G.4.d. 14. Does the facility have records to document this training? ☒ Yes ☐ No
- 9.2.E.  
9.2.D. 15. At the facility, is the following equipment installed:
- 9.2.E.1. a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? ☒ Yes ☐ No
- 9.2.E.2. b) A device at the scene of hazardous waste operations capable of summoning emergency assistance from Police, Fire departments, etc.? ☒ Yes ☐ No
- 9.2.E.(3, 4) c) Portable fire extinguishers, fire control, spill control, and decontamination equipment and water at adequate volume and pressure to supply expected fire demands, foam producing equipment, automatic sprinklers or water spray system? ☒ Yes ☐ No
- 9.2.C. 16. Is a record of tests and inspections of required equipment (question 15) maintained at the facility? ☒ Yes ☐ No
- 9.2.E. 17. Does the facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? ☒ Yes ☐ No
- 9.3.A.1. 18. Does the facility have an established contingency plan to deal with any unplanned sudden or nonsudden release of hazardous waste or hazardous waste constituents to the air, soil, groundwater or surface water that may impact hazardous waste currently in storage at the facility? ☒ Yes ☐ No
- 9.3. 19. Does the contingency plan contain the following elements:

- 9.3.B.(1, 2) a) A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water? ☒ Yes ☐ No
- 9.3.B.3. b) A detailed description of arrangements formally agreed to by local police, fire departments, and state and local emergency teams to provide assistance during emergency situations? ☒ Yes ☐ No
- 9.3.B.4.  
9.3.E. c) A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators? ☒ Yes ☐ No  
List primary coordinator.  
Name Mr. Marvin Hall  
Title Environmental Engineer  
Telephone 703-899-5074
- 9.3.B.5. d) A list of all required emergency equipment necessary to cope with emergencies at the generator facility? ☒ Yes ☐ No
- 9.3.B.5. e) Does this list specify the location and of each item on the list, and a brief description of each item on the list, and a brief outline of its capabilities? ☒ Yes ☐ No
- 9.3.C. f) Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams? List: ☒ Yes ☐ No  
Fredericksburg Rescue Squad  
Mary Washington Hospital  
Fredericksburg Fire Dept + Spotsylvania Fire Dept.
- 9.3.B. 1) Is there documentation to indicate the personnel listed above received the contingency plan? ☒ Yes ☐ No

9.3.F.(9, 10)	g) If the contingency plan has been implemented, was a written report filed with the Commissioner and were the Commissioner and other required authorities properly notified before operations resumed?	Yes	No	N/A
9.3.D.	20. Have any amendments of the contingency plan been necessary? If yes, explain in comment section.	Yes	No	(No)
9.4.B.2.e. 5.4.E.1.	21. Does the facility retain copies of all manifests, and inspection results for at least three years?	(Yes)	No	
	22. Does the TSD facility receive hazardous waste from off-site generators?	Yes	No	(No)
9.4.A.	If yes, has the TSD determined:			
5.5.C.2.a.	a) That manifests are completed, signed, and dated by the generator and each transporter for all shipments received	Yes	No	N/A
5.5.C.2.b.	b) That the manifest copies are signed and dated	Yes	No	
5.5.C.2.d.	c) A copy has been given to the transporter	Yes	No	
5.5.C.2.e.	d) A copy has been sent to the generator	Yes	No	
5.5.C.2.f.	e) A copy has been retained and filed at the TSD facility.	Yes	No	
9.4.B.	23. Does the TSD facility have a written operating record which contains the following information:			
	For facility receiving off-site hazardous waste:			
9.4.B.2.a.	a) A description of and the quantity of each hazardous waste received, and the method and date of treatment, storage or disposal? (Use Appendix 9.1)	Yes	No	N/A
	Storage _____, _____, _____			
	Treatment _____, _____, _____			
	Disposal _____, _____, _____			

For facilities disposing of hazardous waste:

9.4.B.2.b.

- b) The location of each hazardous waste within the facility and the quantity at each location recorded on a map or diagram of each cell or disposal area?

Yes No

N/A

For all TSD facilities:

9.4.B.2.c.

- c) Detailed records and results of waste analyses and incineration trial tests performed on wastes coming into the facility?

☒ Yes No

9.4.B.2.d.

- d) Detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan?

☒ Yes No

9.4.B.2.e.  
9.1.F.4.

- e) Detailed records and results of inspections performed on facility emergency equipment, TSD systems, and hazardous waste areas?

☒ Yes No

9.4.B.2.f.

- f) Detailed monitoring, testing, and analytical data where required?

☒ Yes No

9.4.B.2.g.

- g) All closure cost estimates, and for disposal facilities all post-closure cost estimates?

☒ Yes No

Closure Cost Estimate \$ 29,100

9.6.

24. Does the facility have a written closure plan which includes:

9.6.C.1.b.

- a) An estimate of the maximum waste inventory in storage or treatment at any time during life of facility?

☒ Yes No

9.6.C.1.c.

- b) A description of steps that will be used to decontaminate facility equipment?

☒ Yes No

9.6.C.1.d.

- c) An estimate of the expected year for closure?

☒ Yes No

9.6.C.1.d.

- d) A schedule for final closure?

☒ Yes No

- e) A copy of the closure plan given to the inspector?

☒ Yes No

9.7.C.

25. For all TSD facilities, has financial assurance for closure for this facility been established?



Instrument(s) used:

- ☐ Trust Fund
- ☐ Letter of Credit
- ☐ Performance Bond
- ☒ Financial Test
- ☐ Financial Guarantee Bond
- ☐ Certificate of Insurance
- ☐ Corporate Guarantee

26. Has a copy of all related documents been forwarded to the Virginia State Department of ~~Health?~~ *Waste Mgmt*

☒ Yes

No

\* Submittal Date 3/31/86

If no, was a copy of these documents provided to the inspector?

Yes

No

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes

No

Date by which a copy of these documents is to be mailed. \_\_\_\_\_

9.7.G.

27. Has liability coverage for sudden accidental occurrences\*\* been established for this facility?

☒ Yes

No

Instrument(s) used:

- ☐ Certificate of Insurance
- ☒ Financial Test
- ☐ Liability Endorsement

28. Has a copy of all related documents been forwarded to the Virginia State Department of ~~Health?~~ *Waste Mgmt*

☒ Yes

No

\* Submittal Date 3/31/86

\* If the financial test was used, all three (3) initially submitted items specified in § 9.7.C.5. must be updated within 90 days after the close of each succeeding fiscal year.

\*\* Sudden accidental occurrences: at least \$1 million per occurrence and \$2 million annual aggregate.

Non-sudden accidental occurrences: at least \$3 million per occurrence and \$6 million annual aggregate.

If no, was a copy of these documents provided to the inspector?

Yes No

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes No

Date by which a copy of these documents is to be mailed. \_\_\_\_\_

9.6.H.

29. For landfills, surface impoundments, waste piles and land treatment facilities, does the facilities have a written post-closure plan that includes:

N/A

9.6.H.1.a.

- a) Groundwater monitoring activities?

Yes No

9.6.H.1.b.

- b) Maintenance activities to ensure containment?

Yes No

9.6.H.1.c.

- c) Name, address, and phone number of contact during post-closure period?

Yes No

- d) Post-closure cost estimate?

Yes No

Amount \$ \_\_\_\_\_

N/A

9.7.E.

30. For landfills, surface impoundments, waste piles and land treatment facilities, has financial assurance for post-closure care has been estimated?

Yes No

Instrument(s) used:

- \_\_\_ Trust Fund
- \_\_\_ Letter of Credit
- \_\_\_ Performance Bond
- \_\_\_ Financial Test
- \_\_\_ Financial Guarantee Bond
- \_\_\_ Certificate of Insurance
- \_\_\_ Corporate Guarantee

31. Has a copy of all related documents been forwarded to the Virginia State Department of Health?

Yes No

\* Submittal Date \_\_\_\_\_

\* If the financial test was used, all three (3) initially submitted items specified in § 9.7.C.5. must be updated within 90 days after the close of each succeeding fiscal year.

If no, was a copy of these documents provided to the inspector?

Yes No

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes No

Date by which a copy of these documents is to be mailed. \_\_\_\_\_

N/A

9.7.G.2.

32. For landfills, surface impoundments and land treatment facilities has liability coverage\*\* for nonsudden accidental occurrences been established?

Yes No

Instrument(s) used:

- ☐ Certificate of Insurance  
☐ Financial Test  
☐ Liability Endorsement

33. Has a copy of all related documents been forwarded to the Virginia State Department of Health?

Yes No

N/A

\* Submittal Date \_\_\_\_\_

If no, was a copy of these documents provided to the inspector?

Yes No

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes No

Date by which a copy of these documents is to be mailed. \_\_\_\_\_

9.5.

34. For landfills, surface impoundments, wastepiles (if closed as landfills) and land treatment facilities, has a groundwater monitoring program been implemented?

Yes No

9.4.D.

35. Has an annual report been filed?

Yes No

\* If the financial test was used, all three (3) initially submitted items specified in § 9.7.C.5. must be updated within 90 days after the close of each succeeding fiscal year.

\*\* Sudden accidental occurrences: at least \$1 million per occurrence and \$2 million annual aggregate.

Non-sudden accidental occurrences: at least \$3 million per occurrence and \$6 million annual aggregate.

36. Comments:

Waste analysis conducted by Howard Labs

\_\_\_\_\_

\_\_\_\_\_

Inspector's Name: Steve Frazier + Tom McCarley

Title: Chemist Chemist

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 101 N. Fourteenth St., 11th Floor Monroe Building  
Richmond, Virginia 23219

Date of Inspection: 3/18/87

Inspector's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 101 N. Fourteenth St., 11th Floor Monroe Building  
Richmond, Virginia 23219

Date of Inspection: \_\_\_\_\_

CHECKLIST FOR RCRA INSPECTION OF USE  
AND MANAGEMENT OF CONTAINERS

Name of Facility: Deleo Morame division G M C  
Address: 3401 Tidewater Trail  
Fredericksburg VA 22401  
EPA Generator ID Number: VAD091222588  
Facility Inspection Representative: Mr. David Turner  
Title: Facility Manager  
Telephone Number: (703) 899-5060

The questions contained in this checklist apply to owners and operators of all hazardous waste facilities and generators accumulating less than 90 days (see § 6.4.E.1.a. that store containers of hazardous waste, except as § 9. provides otherwise.

VA HWM Regs.  
Reference

- |                        |   |                                      |               |
|------------------------|---|--------------------------------------|---------------|
| 9.8.B.                 | 1. Are all containers in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation?  | <input checked="" type="radio"/> Yes | No            |
| 9.8.C.                 | 2. Are containers lined or made of materials compatible with hazardous wastes placed into them so that the container will not react or corrode with the hazardous wastes? | <input checked="" type="radio"/> Yes | No            |
| 9.8.D.1.               | 3. Are all containers holding hazardous waste kept closed during storage?   | <input checked="" type="radio"/> Yes | No            |
| 9.8.E.                 | 4. Are areas where hazardous waste containers are stored inspected by the owner/operator at least once a week?  | <input checked="" type="radio"/> Yes | No            |
| 9.1.F.2.a.<br>9.1.F.4. | 5. Is an inspection log maintained? (See question #7 of TSD checklist.)   | <input checked="" type="radio"/> Yes | No            |
| 9.8.F.                 | 6. Are containers holding ignitable or reactive waste located at least 50 ft. from the facility's property line?  | <input checked="" type="radio"/> Yes | No            |
| 9.8.G.1.               | 7. Are incompatible wastes placed in separate containers? (See APPENDIX 9.4 for examples of incompatible waste).  |                                      | N/A<br>Yes No |

9.8.G.3.

8. Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices?

N/A

Yes No

9. Comments:

More formal weekly inspection log needs  
to be maintained. Storage area inspected by  
guard frequently on a daily basis and any  
problems are noted

Inspector's Name: Steve Frazier + Tom McCarty

Title: Chemist Chemist

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 101 N. Fourteenth St., 11th Floor Monroe Building  
Richmond, Virginia 23219

Date of Inspection: 3/18/87

Inspector's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 101 N. Fourteenth St., 11th Floor Monroe Building  
Richmond, Virginia 23219

Date of Inspection: \_\_\_\_\_

CHECKLIST FOR RCRA INSPECTION OF GENERATORS

Name of Facility: Delco Moraine Division G.M.C.  
Address: 3401 Tidewater Trail  
Fredericksburg VA 22401  
EPA Generator ID Number: VAD091222588  
Facility Inspection Representative: Mr. David Turner  
Title: Facilities Manager  
Telephone Number: 703-899-5060

VA HWM Regs.  
Reference:

- 6.3
1. Is a manifest system currently used by the generator so that off-site shipment of hazardous wastes can be tracked? ☒ Yes ☐ No
  2. Is the following included on the generators manifest?
- 5.3.B.1. a) The generator's name, address, telephone number and EPA ID number. ☒ Yes ☐ No
- 5.3.B.2. b) A unique five digit number assigned to this manifest by the generator. ☒ Yes ☐ No
- 5.3.B.3. c) Total number of pages used to complete the manifest. ☒ Yes ☐ No
- 5.3.B.4. d) The company name and EPA identification of each transporter. ☒ Yes ☐ No
- 5.3.B.5. e) The company name, site address and the EPA ID number of the facility designated to receive the waste listed on the manifest. ☒ Yes ☐ No
- 5.3.B.6. f) The U.S. DOT description of each waste to include its proper shipping name, hazard class, and ID number (UN/NA), as identified in the Virginia Regulations Governing the Transportation of Hazardous Materials. ☒ Yes ☐ No

- 5.3.B.7. g) The units of weight or volume and the type and number of containers loaded in the transport vehicle included on the manifest form? ☒ Yes ☐ No
- 5.3.B.8. h) In case of international shipment, the point of departure (city & state) for those shipments destined for treatment, storage, and disposal outside the jurisdiction of the United States. Yes ☒ No ☒ N/A
- 5.3.C. i) The following certification noted on the generator's manifest form and is the certification acknowledged by the generator's signature.
- "I hereby declare that the content of this consignment are fully and accurately described above by proper shipping name and are classified packed, marked, and labeled, and condition for transport by [mode of transportation] according to applicable international and national governmental regulations."
- 6.5.C.2. 3. Have manifest been received from TSD for waste shipped over 45 days ago. ☒ Yes ☐ No
- if not,
- has the generator filed an exception report? Yes ☐ No ☒ N/A
- 5.5.A.7. 4. Did the generator determine that the transporter has a Virginia transporter permit? ☒ Yes ☐ No
- 6.4.E.1. 5. Is hazardous waste being accumulated on-site by the generator for less than 90 days? If yes, Yes ☐ No ☒ Facility has Interim Status
- 6.4.E.1.a. a) Is the waste placed in either containers or tanks? (If yes, fill out appropriate checklist. If no, TSD permit is required.) ☒ Yes ☐ No
- 6.4.E.1.b. b) Is the date accumulation of waste began clearly and visibly marked on each container and, does it indicate accumulation for less than 90 days? N/A  
Yes ☐ No ☒



- 6.4.E.1.c. c) During accumulation, are the storage containers and/or tank clearly labeled with the words Hazardous Waste? ☒ Yes ☐ No
- 9.1.G.1. 6. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? ☒ Yes ☐ No
- 9.1.G.2. 7. Have new employees to the facility successfully completed training mentioned above within 6 months of their employment or assignment to the facility? ☒ Yes ☐ No
- 9.1.G.3. 8. Do personnel participate in an annual review of their initial training? ☒ Yes ☐ No
- 9.1.G.4.a. 9. Does the facility maintain a record of:
- (a) job titles for personnel that are involved with hazardous waste management; and ☒ Yes ☐ No
- (b) the name of the employee filling each job? ☒ Yes ☐ No
- 9.1.G.4.b. 10. Does the facility have on record a written position description for each job title noted in Question #9? ☒ Yes ☐ No
- 9.1.G.4.c. 11. Does the facility maintain a written description of the type and amount of introductory and continuing training for those employees involved in hazardous waste management? ☒ Yes ☐ No
- 9.1.G.4.d. 12. Does the facility have records to document this training? ☒ Yes ☐ No
- 9.2.B.  
9.2.D. 13. At the facility, is the following equipment installed:
- 9.2.B.1. a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? ☒ Yes ☐ No

- 9.2.B.2.                      b) A device at the scene of hazardous waste generator operations capable of summoning emergency assistance from Police, Fire departments, etc.?      ☒ Yes      No
- 9.2.B.(3, 4)                      c) Portable fire extinguishers, fire control, spill control, and decontamination equipment and water at adequate volume and pressure to supply expected fire demands, foam producing equipment, automatic sprinklers or water spray system?      ☒ Yes      No
- 9.2.C.                      14. Is a record of tests and inspections of required equipment (question 11) maintained at the facility?      ☒ Yes      No
- 9.2.F.                      15. Does the facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies?      ☒ Yes      No
- 9.3.A.1.  
6.4.E.1.d.                      16. Does the facility have an established contingency plan to deal with any unplanned sudden or nonsudden release of hazardous waste or hazardous waste constituents to the air, soil, groundwater or surface water?      ☒ Yes      No
- 9.3.                      17. Does the contingency plan contain the following elements:
- 9.3.B.(1, 2)                      a) A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water?      ☒ Yes      No
- 9.3.B.4.                      b) A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators?  
List primary coordinator.

Name Mr. Marvin Hall

Title Environmental Engineer

Telephone 703-899-5074

- 9.3.B.5. c) A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility? ☒ Yes No
- 9.3.B.5. d) Does this list specify the location and physical description of each item on the list and a brief description of each item on the list, and a brief outline of its capabilities. ☒ Yes No
- 9.3.B.6. e) An evacuation plan for the generator facility where there is a possibility that evacuation could be necessary? ☒ Yes No
- 9.3.C. f) Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams? List: ☒ Yes No
- Fredericksburg Rescue Squad  
Mary Washington Hospital  
Fredericksburg Fire Dept. + Spotsylvania Fire Dept
- 9.3.B. 1) Is there documentation to indicate the personnel listed above received the contingency plan? ☒ Yes No
- 9.3.F.(9, 10) g) If the contingency plan has been implemented, was a written report filed with the Commissioner and were the Commissioner and other required authorities properly notified before operations resumed? ☒ Yes No N/A
- 6.5.A. 18. Does the facility retain copies of all manifests, annual reports, and test results for at least three years? ☒ Yes No
- 6.5.B. 19. Has the facility submitted an annual report for the preceding calendar year? ☒ Yes No

20. Comments

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Inspector's Name: Steve Frazier + Tom McCarley

Title: Chemist Chemist

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 101 N. Fourteenth St., 11th Floor Monroe Building  
Richmond, Virginia 23219

Date of Inspection: 3/18/87

Inspector's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 101 N. Fourteenth St., 11th Floor Monroe Building  
Richmond, Virginia 23219

Date of Inspection: \_\_\_\_\_

SURVEY SHEET

4/1/86

Name of Facility: Delco Moraine Division GMC  
 Address: 3401 Tidewater Trail  
Fredericksburg VA 22401  
 EPA Generator ID Number: VAD091222588  
 Facility Inspection Representative: Mr. David Turner  
 Title: Facilities Manager  
 Telephone Number: (703) 899-5060

1. What is business activity of firm? (i.e., furniture mfg., metal plating, recycling, etc.) Metal Fabrication (Phosphate heat treatment)

2. Give brief description of waste stream(s) and code designation(s).  
Waste Treatment Sludge from Electroplating F006 (no longer applicable - See Federal Register 12/2/85 p43351)  
Salt Bath Sludge from Heat Treating Operations D001

3. List the amounts of hazardous waste generated, recycled and accumulated.

a. Characteristic - Ignitable (D001)  
 Corrosive (D002)  
 Reactive (D003)  
 EP Toxic (D004-D017)

b. Listed (F, K, or U list) F006

c. Listed (P)

d. Waste from spills of P and U list

	(1) Total Generated #/mo	(2) Total Recycled #/mo	(3) Difference #/mo (1) minus (2)	(4) Total Regulated #/mo (1) or (3)	(5) Total Accumulated
	11.4 tons	—	11.4 tons	11.4 tons	46 tons
	25 tons	—		25 tons	15 tons

4. Based on the above information, the company is classified as:

- a. Small quantity generator exempt from regulations. (Form C)
- b. Recycler not exempt from regulations. (Form A)

(c.) Generator. (Form A)

5. If facility treats, stores or disposes on-site complete Form B (unless exempt under § 9.). ~~stores~~

6. Complete the appropriate checklists.

Container (Form I)

Surface Impoundment (Form K)

Landfill (Form N)

Tank (Form J)

Incineration & Thermal

Treatment (Form O & P)

Physical, Chemical & Biological  
Treatment (Form Q)

7. Comments:

One time shipment of monoethanolamine (Dool.) of 11880 lbs.

Inspector's Name:

Steve Frazier

+ Tom McCarty

Title:

Chemist

Chemist

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 101 N. Fourteenth St., 11th Floor Monroe Building  
Richmond, Virginia 23219

Date of Inspection:

3/18/87

(November 12, 1980) could be interpreted to include several processes by reverse implication from the six specific processes explicitly excluded. That is, since sulfuric acid anodizing of aluminum and chemical etching and milling of aluminum were excluded from the listing, all other anodizing and chemical etching and milling are within the scope of the listing.

The Agency has reconsidered its interpretation of EPA Hazardous Waste No. F006. Since the rule explicitly refers only to electroplating, anodizing, chemical etching and milling, and cleaning and stripping, the F006 listing included only common and precious metals electroplating, anodizing, chemical etching and milling, and cleaning and stripping when associated with these processes. Although the listing background document noted other processes, these were not part of the promulgated listing. Accordingly, the following processes are not included under the F006 listing: chemical conversion coating,<sup>2</sup> electroless plating, and printed circuit board manufacturing.<sup>3</sup> The F006 listing is (and always has been) therefore, inclusive of wastewater treatment sludges from only the following processes: (1) Common and precious metals electroplating, except tin, zinc (segregated basis),<sup>4</sup> aluminum, and zinc-aluminum plating on carbon steel; (2) anodizing, except sulfuric acid anodizing of aluminum; (3) chemical etching and milling, except when performed on aluminum; and (4) cleaning and stripping, except when associated with tin, zinc, and aluminum plating on carbon steel.

As a result of this decision, a number of delisting petitions that have been filed pursuant to 40 CFR 260.20 and 260.22 are unnecessary, since the wastes described in the petitions are not the listed F006 wastes. The Agency intends, therefore, to take no further action on these petitions. These petitions are listed in Table 1.

<sup>2</sup> Wastewater treatment sludges from the chemical conversion coating of aluminum are listed as EPA Hazardous Waste No. F019.

<sup>3</sup> Wastewater treatment sludges from printed circuit board manufacturing operations that include processes which are within the scope of the listing (e.g., chemical etching) are regulated as EPA Hazardous Waste No. F006.

<sup>4</sup> "Zinc plating (segregated basis)" refers to non-cyanidic zinc plating processes. For example, wastewater treatment sludges from zinc plating using baths formulated from zinc oxide and/or sodium hydroxide would be excluded from the listing while sludges from baths formulated from zinc cyanide and/or sodium cyanide would not be excluded. Where both cyanidic and non-cyanidic baths are used, the exclusion applies to sludges from the non-cyanidic processes as long as they are segregated from sludges that result from cyanidic plating processes.

TABLE 1.—MOOT PETITIONS

Petitioner	Location	Petition No.
ACR Electronics	Hollywood, FL	0297
Arnold Circuits, Inc.	La Habra, CA	0508
Atlantic Wire Co.	Brantford, CT	0189
Chevrolet Flint Mfg. Complex	Flint, MI	0388
Chrysler Corporation	Fenton, MO	0500
Chrysler Corporation	Belvidere, IL	0501
Chrysler Corporation	Fenton, MO	0502
Cott Industries	Pine, IN	0233
Crosmen Argonne	Fairport, NY	0090
Ford Motor Co.	Stirling	0509
	Heights, MI	
✓ Ford Motor Co.	Norfolk, VA	0511
Ford Motor Co.	Sandusky, OH	0512
Ford Motor Co.	Louisville, KY	0513
Ford Motor Co.	Lorain, OH	0514
Ford Motor Co.	Indianapolis, IN	0515
Ford Motor Co.	Brookpark, OH	0516
Ford Motor Co.	Avon Lake, OH	0517
Ford Motor Co.	Claycomo, MO	0518
Ford Motor Co.	Chicago, IL	0519
Ford Motor Co.	Romeo, MI	0521
Ford Motor Co.	Wabash, IN	0527
General Electric Co.	Cincinnati, OH	0012
General Electric Co.	Jonesboro, AR	0437
General Motors Corp.	Atlanta, GA	0372
✓ General Motors Corp.	Fredericksburg, VA	0473
General Motors Corp.	Jenksville, WI	0526
General Motors Corp.	Lake Orion, MI	0581
GMC/Fisher Body Div.	Cleveland, OH	0336
GMC/Fisher Body Div.	Lansing, MI	0378
GMC/Fisher Body Div.	Flint, MI	0410
GMC/Saginaw Steering Gear	Athens, AL	0428
GMC/Saginaw Steering Gear	Saginaw, MI	0432
Greenville Products Co.	Greenville, MI	0605
Hyatt Clark Industries	Clark, NJ	0531
Iowa Industries	Burlington, IA	0343
Kent Corporation	Birmingham, AR	0523
Mansfield Products Co.	Mansfield, OH	0114
Maryville Sales Corp.	Utica, OH	0542
Moog Automotive	Maryville, MO	0484
Northern Metal Specialty Div.	Oscoda, WI	0304
P.T. Components, Inc.	Indianapolis, IN	02328
Polymer Coil Coater, Inc.	Fairfield, AL	0611
Rheem Manufacturing Co.	Ashville, NC	0653
Teletype Monarch Rubber Co.	Hartsville, OH	0507
Teletype Corporation	Little Rock, AR	0525
Universal Oil Products	Decatur, AL	0305
Waterloo Industries	Pocahontas, AR	0544
Whitpool Corporation	Marion, OH	0054
Whitpool Corporation	Fl. Smith, AR	0095
Whitpool Corporation	Danville, KY	0103
Whitpool Corporation	Findlay, OH	0128
Whitpool Corporation	Clyde, OH	0275
White Map Wringer Co.	Fultonville, NY	0176
White Rogers	Batesville, AR	0364

The Agency plans to re-evaluate the F006 listing in the future. The Agency may then incorporate into the scope of the F006 listing those processes which we today state are not part of F006 (i.e., chemical conversion coating, etc.). Any facility that would then want to pursue a delisting would need to submit a new petition.

Dated: November 18, 1988.

J.W. McGraw,

Acting Assistant Administrator, Office of Solid Waste and Emergency Response.

[FR Doc. 88-27028 Filed 12-1-88; 8:45 am]

BILLING CODE 5560-50-M

## DEPARTMENT OF THE INTERIOR

## Bureau of Land Management

## 43 CFR Public Land Order 8533

[AA-320-07-4220-10; OK NM-58990]

## Oklahoma; Public Land Order 8554; Correction

AGENCY: Bureau of Land Management, Interior.

ACTION: Public land order.

SUMMARY: This document will correct an error in the acreage in Public Land Order 8554 of July 12, 1984.

EFFECTIVE DATE: December 2, 1988.

## FOR FURTHER INFORMATION CONTACT:

Kay Thomas, BLM, New Mexico State Office, P.O. Box 1449, Santa Fe, NM, 87504-1449, (505) 988-8589.

By virtue of the authority vested in the Secretary of the Interior by section 204 of the Federal Land Policy and Management Act of 1976, 90 Stat. 2751; 43 U.S.C. 1714, it is ordered as follows:

The acreage in Public Land Order 8554 of July 12, 1984, in FR document 84-19319 published at page 29600 and 29601 in the issue of July 23, 1984, is corrected as follows: "On page 29601, first column, line 11, the acres are changed from 260.62 acres to 206.62 acres. November 17, 1988.

J. Steven Griles,

Assistant Secretary of the Interior.

[FR Doc. 88-28975 Filed 12-1-88; 8:45 am]

BILLING CODE 4310-FB-M

## NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

## 45 CFR Part 1180

## Institute of Museum Services; Conservation Grants to Museums; Museum Assessment Program

AGENCY: Institute of Museum Services, NFAH.

ACTION: Final guidelines and regulations.

SUMMARY: The Institute of Museum Services issues final amendments to its guidelines relating to a program of Federal financial assistance for conservation projects in museums and an amendment to its regulations for the Museum Assessment Program. The guidelines and regulations implement the Museum Services Act. They state eligibility conditions and other terms for the administration of the museum conservation and assessment programs.

EPA



# COMMONWEALTH of VIRGINIA

Department of Health  
Richmond, Va. 23219

JAMES B. KENLEY, M.D.  
COMMISSIONER

CERTIFIED - RETURN  
RECEIPT REQUESTED

David Turner, Facility Manager  
Delco Moraine Division  
General Motors Corporation  
3401 Tidewater Trail  
Fredericksburg, Virginia 22401

Dear Mr. Turner:

During a recent inspection on April 26, 1984, it was noted that your facility was not in total compliance with the Hazardous Waste Management Regulations. Such instances are indicated by red markings on the enclosed inspection checklists and are listed below:

1. You need job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job.
2. You need on record a written position description for each job title.
3. Maintain a written description of the type and amount of introductory and continuing training for those employees.
4. Maintain records to document this training.
5. A detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations.
6. An estimate of the expected year for closure.

Please take the appropriate corrective action for bringing your facility in total compliance with the regulations by July 6, 1984.

If you have any questions, please call me at (804) 225-2667.

Sincerely,

*Julia King-Collins*

Julia King-Collins, Biologist  
Bureau of Hazardous Waste Management

JKC:207/mcw  
Enclosures





Name of Facility: Delco Moxaine Div General Motors corpAddress: 3901 Tidewater TrailFredericksburg, VA 22401EPA Generator ID Number: VAD091222588Facility Inspection Representative: Steve DickersonTitle: Facility managerTelephone Number: (703) 899-5060

1. What is business activity of firm? (i.e., furniture mfg., metal plating, recycling, etc.) Component manufacturing for the automotive industry

2. Give brief description of waste stream(s) and code designation(s). \_\_\_\_\_

① waste treatment sludge F006② salt bath heat treat D001

3. List the amounts of hazardous waste generated/accumulated. Include those that are recycled.

	Generated (kg)	Accumulated (kg)
a. Characteristic - Ignitable (D001)		<u>145 tons</u>
Corrosive (D002)		
Reactive (D003)		
EP Toxic (D004-D017)		
b. Listed (F, K, or U list) <u>F006</u>		<u>282 tons</u>
c. Listed (P)		
d. Waste from spills of P and U list		

4. If any of the above wastes are recycled, specify type and amount below.

<u>Characteristic</u>	<u>Listed (F, K, or U)</u>	<u>Listed (P)</u>
<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>

5. Based on the above information, the company is classified as:

- a. Small quantity generator exempt from regulations (i.e., does not exceed generator or accumulation limits or exceeds those limits only for recycled characteristic waste) - Form C
- b. Recycler not exempt from regulations (recycling over 1000 kg of listed F, K, or U wastes or 1 kg of P waste) - Form A

☒ c. Generator - Form A

6. If part "b" or "c" above apply, is the facility also treating, ☒ storing or disposing?

☒ Yes      No

If yes, on-site or off-site. (Circle one or both)

On-Site only - Form B (unless TSD is exempt under 9.01, then Form A only)

~~Off-site only~~ - Form A only

☒ Both - Form A and B (unless TSD is exempt under 9.01, then Form A only)

CHECKLIST FOR RCRA INSPECTION OF GENERATORS

Name of Facility: Delco Mosaine Div General Motors Corp  
Address: 3401 Tidewater Trail  
Fredericksburg, VA 22401  
EPA Generator ID Number: VA D091222588  
Facility Inspection Representative: Steve Dickerson  
Title: Facility Manager  
Telephone Number: (703) 899-5060

VA HWM Regs.  
Reference

1. Please provide a brief narrative explaining the work activity (products, service, etc.) of the generator.

Component manufacturing for the automotive industry

6.04

2. Is a manifest system currently used by the generator so that off-site shipment of hazardous wastes can be tracked?

☒ Yes ☐ No

3. Please inspect the generator's manifest for the following information:

5.04.02

- a) Is a manifest document number included on the form?

☒ Yes ☐ No

5.04.03(a)

- b) Are the generator's name, address, telephone number and EPA ID number included on the form?

☒ Yes ☐ No

5.04.03(b)

- c) Are the name, address, telephone number, and EPA identification number of each transporter included on the form?

☒ Yes ☐ No

5.04.03(c)

- d) Is the TSD facility which receives a generator's hazardous waste identified by name, address, telephone number, and EPA ID number?

☒ Yes ☐ No

- 5.04.04 e) Is a description of the generator's hazardous waste to be treated, stored, or disposed included on the manifest? ☒ Yes ☐ No
- 5.04.05 f) Are the type and number of containers loaded in the transport vehicle included on the manifest form? ☒ Yes ☐ No
- 5.04.05 g) Is the total quantity of each waste by unit of weight included? ☒ Yes ☐ No
- 5.04.06 h) Is the following certification noted on the generator's manifest form and is the certification acknowledged by the generator's signature?
- "This is to certify that the named materials are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the U. S. Department of Transportation and the U. S. Environmental Protection Agency and the Commonwealth of Virginia".
- ☒ Yes ☐ No
- 5.04.07 i) Are there adequate copies of the manifest available for generator, transporters, and TSD's? ☐ Yes ☐ No
- 6.06.03(b) j) For any waste shipped off-site over 45 days ago:
- 1) Does the generator have a copy from the TSD facility with the appropriate signatures? ☐ Yes ☐ No
- if not,
- ii) has the generator filed an exception report? ☐ Yes ☐ No
- 5.06.01(g) 4. Did the generator determine that the transporter has a Virginia transporter permit? ☒ Yes ☐ No
- 6.05.05 5. Is hazardous waste being accumulated on-site by the generator for less than 90 days? If yes, ☐ Yes ☒ No

- |                             |   |     |  |
|-----------------------------|---|-----|--|
| 6.05.05(a)(1)&(3)           | a) Is the date accumulation of waste began clearly marked on each storage container and does it indicate accumulation for less than 90 days?  | Yes | No                                     |
| 6.05.05(a)(2)(1)&(11)       | b) Is the waste placed in either containers or tanks? (If yes, fill out appropriate checklist. If no, TSD permit is required.)  | Yes | No                                     |
| 6.05.05(a)(4)               | c) During accumulation, are the storage containers clearly labeled as containing a particular hazardous waste in accordance with Virginia regulations?  | Yes | No                                     |
| 6.05.05(a)(5)<br>9.02.07(a) | 6. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures?  | Yes | No                                     |
| 9.02.07(c)                  | 7. Do personnel participate in an annual review of their initial training?  | Yes | No                                     |
| 9.02.07(d)(1)               | 8. Does the facility maintain a record of (a) job titles for personnel that are involved with hazardous waste management and (b) the name of the employee filling each job?                             | Yes | No <input checked="" type="checkbox"/> |
| 9.02.07(d)(2)               | 9. Does the facility have on record a written position description for each job title noted in Question #8?   | Yes | No <input checked="" type="checkbox"/> |
| 9.02.07(d)(3)               | 10. Does the facility maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #8? (For instance emergency procedures, etc.) | Yes | No <input checked="" type="checkbox"/> |
| 9.02.07(d)(4)               | 11. Does the facility have records to document this training?   | Yes | No <input checked="" type="checkbox"/> |

- 9.03.02  
9.03.04      12. At the facility, is the following equipment installed:
- 9.03.02(a)      a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? ☒ Yes ☐ No
- 9.03.02(b)      b) A device at the scene of hazardous waste generator operations capable of summoning emergency assistance from Police, Fire departments, etc.? ☒ Yes ☐ No
- 9.03.02(c,d)      c) Fire control, spill control, and decontamination equipment and an adequate supply of fire fighting water or fire suppression chemicals? ☒ Yes ☐ No
- 9.03.03      13. Is a record of tests and inspections of required equipment (9.03.02) maintained at the facility? ☒ Yes ☐ No
- 9.03.05      14. Does the facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? ☒ Yes ☐ No
- 6.05.05(a)(5)  
9.04.01(a)      15. Does the facility have an established contingency plan to deal with emergencies that may impact hazardous waste currently in storage at the facility? ☒ Yes ☐ No
- 6.05.05(a)(5)  
9.04      16. Does the contingency plan contain the following elements:
- 9.04.02(a,b)      a) A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water? ☒ Yes ☐ No
- 9.04.02(c)      b) A detailed description of arrangements formally agreed to by local police, fire departments, and state and local emergency teams to provide assistance during emergency situations? Yes ☒ No ✓

CHECKLIST FOR RCRA INSPECTION OF TREATMENT,  
STORAGE & DISPOSAL (TSD) FACILITIES

Form "B" (VA)  
1/84

Name of Facility: Delco Moraine Div General Motors Corp  
Address: 3401 Tidewater Trail  
Fredericksburg, VA 22401  
EPA ID Number: VA D091222588  
Facility Inspection Representative: Steve Dickerson  
Title: Facility Manager  
Telephone: (703) 899-5060

VA HWM Regs.  
Reference

1. The facility: treats, stores, disposes  
(Circle as appropriate)
- 9.02.03(a) 2. Does the facility receive hazardous waste from a foreign source? Yes No  
If yes, has the facility notified the Commissioner of the date of arrival? Yes No
- 9.02.04(a) 3. Does the facility have a detailed chemical and physical analysis of a representative sample of the waste? Yes No
- 9.02.04(b)(2) 4. Does the facility have a waste analysis plan which specifies the following:  
a) the parameters for each hazardous waste; Yes No  
b) test methods for each parameter; Yes No  
c) the sampling method used to obtain a representative sample; Yes No  
d) frequency to review initial analysis. Yes No
- 9.02.04(3) 5. If the facility receives wastes generated off-site, does the plan specify procedures and sampling methods to ensure that the waste matches the identity of the waste designated on the accompanying manifest or shipping paper? N/A  
Yes No

- |                   |   |                                      |                          |
|-------------------|---|--------------------------------------|--------------------------|
| 9.02.05(a)        | 6. Will physical contact or disturbance of the waste injure unknowing persons or livestock. If yes, does the TSD facility have:   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.05(b)(1)     | a) a 24-hour surveillance system which monitors and controls entry to the active portion of the facility?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.05(b)(2)(1)  | b) an artificial or natural boundary which surrounds active portions of the facility? and,  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.05(b)(2)(11) | c) a means to control entry at all times? (i.e., gates, attendants, locked entrances, etc.)   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.05(c)        | d) a restricted access sign posted at each entrance to the active portion of the facility?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
|                   | Is sign legible from a distance of 25 feet?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
|                   | Is sign in English and any other foreign language predominant to the geographical area?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.06(b)(1)     | 7. Does the TSD facility have a written schedule for inspecting all equipment necessary for prevention, detection or response to environmental or human health hazards? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.06(b)(3)     | a) Does the schedule identify the types of problems which are to be looked for during the inspection?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.06(b)(4)     | b) Does the schedule include frequency of these inspections?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.07(a)        | 8. Have the facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures?                  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 9.02.07(c)        | 9. Do personnel participate in an annual review of their initial training?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |



- 9.02.07(d)(1) 10. Does the facility maintain a record of (a) job titles for personnel that are involved with hazardous waste management and (b) the name of the employee filling each job? Yes ☒ No
- 9.02.07(d)(2) 11. Does the facility have on record a written position description for each job title noted in Question #8? Yes ☒ No
- 9.02.07(d)(3) 12. Does the facility maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #8? (For instance emergency procedures, etc.) Yes ☒ No
- 9.02.07(d)(4) 13. Does the facility have records to document this training? Yes ☒ No
- 9.03.02  
9.03.04 14. At the facility, is the following equipment installed:
- 9.03.02(a) a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? ☒ Yes No
- 9.03.02(b) b) A device at the scene of hazardous waste operations capable of summoning emergency assistance from Police, Fire departments, etc.? ☒ Yes No
- 9.03.02(c,d) c) Fire control, spill control, and decontamination equipment and an adequate supply of fire fighting water or fire suppression chemicals? ☒ Yes No
- 9.03.03 15. Is a record of tests and inspections of required equipment (9.03.02) maintained at the facility? ☒ Yes No
- 9.03.05 16. Does the facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? ☒ Yes No

- 9.04.01(a) 17. Does the facility have an established contingency plan to deal with emergencies that may impact hazardous waste currently in storage at the facility? ☒ Yes ☐ No
- 9.04 18. Does the contingency plan contain the following elements:
- 9.04.02(a,b) a) A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water? ☒ Yes ☐ No
- 9.04.02(c) b) A detailed description of arrangements formally agreed to by local police, fire departments, and state and local emergency teams to provide assistance during emergency situations? Yes ☒ No ✓
- 9.04.02(d) c) A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators?  
List primary coordinator. ☒ Yes ☐ No
- Name Terry Youngerman
- Title Plant Protection Supervisor
- Telephone (703) 373-9179
- 9.04.02(e) d) A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility? ☒ Yes ☐ No
- 9.04.02(e) e) Does this list specify the location and capabilities of emergency equipment? ☒ Yes ☐ No
- 9.04.02(f) f) An evacuation plan for the generator facility where there is a possibility that evacuation could be necessary? ☒ Yes ☐ No
- 9.04.03 g) Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams? ☒ Yes ☐ No

9.04.06(i,j)	h) If the contingency plan has been implemented, was a written report filed with the Commissioner and were the Commissioner and other required authorities properly notified before operations resumed?	Yes	<input checked="" type="radio"/> No
9.05 5.05.05(a)	19. Does the facility retain copies of all manifests, annual reports, and test results for at least three years?	<input checked="" type="radio"/> Yes	No
	20. Does the TSD facility receive hazardous waste from off-site generators?	Yes	<input checked="" type="radio"/> No
9.05.01	If yes, are the following procedures implemented:		
5.06	a) Manifest copies are signed and dated	Yes	No
5.05.03	b) A copy is given to the transporter	Yes	No
5.05.04	c) A copy is sent to the generator	Yes	No
5.05.04			
5.05.05	d) A copy is returned and filed at the TSD facility	Yes	No
9.05.02	21. Does the TSD facility have a written operating record which contains the following information:		
9.05.02(b)(1)	a) A description of and the quantity of each hazardous waste received, and the method and date of treatment, storage or disposal? (Use Appendix 9.1)	<input checked="" type="radio"/> Yes	No
	Storage <u>S 01</u> , _____, _____		
	Treatment <u>T01</u> , <u>T04</u> , _____		
	Disposal _____, _____, _____		
9.05.02(b)(2)	b) The location of each hazardous waste within the facility and the quantity at each location?	<input checked="" type="radio"/> Yes	No
9.05.02(b)(3)	c) Detailed records and results of waste analyses and incineration trial tests performed on wastes coming into the facility?		N/A
		Yes	No

- 9.05.02(b)(4) d) Detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? N/A  
Yes No
- 9.05.02(b)(5)  
9.02.06(d) e) Detailed records and results of inspections performed on facility emergency equipment, TSD systems, and hazardous waste areas? (Yes) No
- 9.05.02(b)(6) f) Detailed monitoring, testing, and analytical data where required? N/A  
Yes No
- 9.05.02(b)(7) g) All closure cost estimates, and for disposal facilities all post-closure cost estimates? (Yes) No

Closure Cost Estimate \$ 25,650

- 9.07 22. Does the facility have a written closure plan which includes:
- 9.07.03(a)(2) a) An estimate of the maximum waste inventory in storage or treatment at any time during life of facility? (Yes) No
- 9.07.03(3) b) A description of steps that will be used to decontaminate facility equipment? (Yes) No
- 9.07.03(a)(4) c) An estimate of the expected year for closure? Yes (No) ✓
- 9.07.03(4) d) A schedule for final closure? (Yes) No
- e) A copy of the closure plan given to the inspector? Yes (No)
- 9.08.03 23. For all TSD facilities, has financial assurance for closure for this facility been established? (Yes) No

Instrument(s) used:

- Trust Fund
- Letter of Credit
- Performance Bond
- ✓ Financial Test
- Financial Guarantee Bond
- Certificate of Insurance
- Corporate Guarantee

\* If the financial test was used, all three (3) initially submitted items specified in Section 9.08.03(e)(3) must be updated within 90 days after the close of each succeeding fiscal year.

24. Has a copy of all related documents been forwarded to the Virginia State Department of Health?

☒ Yes ☐ No

\* Submittal Date 4/2/84

If no, was a copy of these documents provided to the inspector?

Yes ☐ No ☐

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes ☐ No ☐

Date by which a copy of these documents is to be mailed. \_\_\_\_\_

9.08.07(a)

25. Has liability coverage for sudden accidental occurrences\*\* been established for this facility?

☒ Yes ☐ No

Instrument(s) used:

☐ Certificate of Insurance  
☒ Financial Test  
☐ Liability Endorsement

26. Has a copy of all related documents been forwarded to the Virginia State Department of Health?

☒ Yes ☐ No

\* Submittal Date 4/2/84

If no, was a copy of these documents provided to the inspector?

Yes ☐ No ☐

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes ☐ No ☐

Date by which a copy of these documents is to be mailed. \_\_\_\_\_

9.07.08

27. For landfills, surface impoundments, waste piles and land treatment facilities, does the facilities have a written post-closure plan that includes:

N/A

9.07.08(a)(1)

- a) Groundwater monitoring activities?

Yes ☐ No ☐

9.07.08(a)(2)

- b) Maintenance activities to ensure containment?

Yes ☐ No ☐

c) Name, address, and phone number of contact during post-closure period?

Yes      No

d) Post-closure cost estimate?

**Yes      No**

Amount \$

28. For landfills, surface impoundments, waste piles and land treatment facilities, has financial assurance for post-closure care has been estimated?

NIA

**Yes    No**

**Instrument(s) used:**

- Trust Fund
- Letter of Credit
- Performance Bond
- Financial Test
- Financial Guarantee Bond
- Certificate of Insurance
- Corporate Guarantee

29. Has a copy of all related documents been forwarded to the Virginia State Department of Health?

Yes      No

\* Submittal Date

If no, was a copy of these documents provided to the inspector?

**Yes      No**

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes      No

Date by which a copy of these documents is to be mailed.

30. For landfills, surface impoundments and land treatment facilities has liability coverage\*\* for nonsudden accidental occurrences been established?

**Yes      No**

**\*\* Sudden accidental occurrences:** at least \$1 million per occurrence and \$2 million annual aggregate.

Non-sudden accidental occurrences: at least \$3 million per occurrence and \$6 million annual aggregate.

Instrument(s) used:

- ☐ Certificate of Insurance
- ☐ Financial Test
- ☐ Liability Endorsement

31. Has a copy of all related documents been forwarded to the Virginia State Department of Health?

Yes No

\* Submittal Date \_\_\_\_\_

If no, was a copy of these documents provided to the inspector?

Yes No

If no, will a copy of these documents be mailed to the Virginia State Department of Health?

Yes No

Date by which a copy of these documents is to be mailed. \_\_\_\_\_

32. For landfills, surface impoundments, wastepiles (if closed as landfills) and land treatment facilities, has a groundwater monitoring program been implemented?

Yes No

N/A

33. Has an annual report been filed?

☒ Yes No

34. Comments:

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\* If the financial test was used, all three (3) initially submitted items specified in Section 9.08.03(e)(3) must be updated within 90 days after the close of each succeeding fiscal year.

Inspector's Name: Julia King-collins

Title: Biologist

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: 4/26/84

Inspector's Name: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: \_\_\_\_\_



CHECKLIST FOR RCRA INSPECTION OF USE  
AND MANAGEMENT OF CONTAINERS

Name of Facility: Delco Moraine Div General Motors Corp  
Address: 3401 Tidewater Trail  
Fredericksburg, VA 22401  
EPA Generator ID Number: VAD091222588  
Facility Inspection Representative: Steve Dickerson  
Title: Facility Manager  
Telephone Number: (703) 899-5060

The questions contained in this checklist apply to owners and operators of all hazardous waste facilities that store containers of hazardous waste, except as Section 9.01 provides otherwise.

Va. HWM Regs.  
Reference

- |                             |   |                                      |                                     |
|-----------------------------|---|--------------------------------------|-------------------------------------|
| 9.09.02                     | 1. Are all containers in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 9.09.03                     | 2. Are containers lined or made of materials compatible with hazardous wastes placed into them so that the container will not react or corrode with the hazardous wastes?                                       | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 9.09.04(a)                  | 3. Are all containers holding hazardous waste kept closed during storage?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 9.09.05                     | 4. Are areas where hazardous waste containers are stored inspected by the owner/operator at least once a week?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 9.02.06(b)(1)<br>9.02.06(d) | 5. Is an inspection log maintained? (See question #7 of TSD checklist.)   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 9.09.06                     | 6. Are containers holding ignitable or reactive waste located at least 50 ft. from the facility's property line?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 9.09.07(a)                  | 7. Are incompatible wastes placed in the same container? (See Appendix 9.4 for examples.)   | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No |
| 9.09.07(c)                  | 8. Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |

N/A

Yes No

Inspector's Name: Julia King-collins

Title: Biologist

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: 4/26/84

Inspector's Name: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: \_\_\_\_\_

CHECKLIST FOR RCRA INSPECTION OF TANKSName of Facility: Delco Moraine Div General Motors CorpAddress: 3401 Tidewater TrailFredericksburg, VA 22401EPA Generator ID Number: VAD091222588Facility Inspection Representative: Steve DickersonTitle: Facility ManagerTelephone Number: (703) 899-5060

The questions contained in this checklist apply to owners and operators of facilities that use tanks to treat or store hazardous waste, except as Section 9.01 provides otherwise.

VA HWM Regs.  
Reference

- |            |   |                                      |    |
|------------|---|--------------------------------------|----|
| 9.10.02(b) | 1. Are all tanks in good condition, i.e., not showing signs of leakage, corrosion, or any other deterioration?  | <input checked="" type="radio"/> Yes | No |
| 9.10.02(c) | 2. Are uncovered tanks operated to ensure a minimum of 2 ft. of freeboard?  | <input checked="" type="radio"/> Yes | No |
| 9.10.02(c) | 3. If not, is the tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? | Yes                                  | No |
| 9.10.02(d) | 4. Are tanks with continuous inflow of hazardous wastes equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)?   | <input checked="" type="radio"/> Yes | No |
| 9.10.03(a) | 5. Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a tank used for storage or treatment?   | Yes                                  | No |
|            |   | N/A                                  |    |
| 9.10.04(a) | 6. Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)?  | <input checked="" type="radio"/> Yes | No |
| 9.10.04(b) | 7. Is data gathered from monitoring equipment (e.g., pressure and temperature gauges), at least once each operating day?  | Yes                                  | No |
|            |   | N/A                                  |    |

- 9.10.04(c) 8. Is the level of waste in the tank checked at least once each operating day? ☒ Yes ☐ No
- 9.10.04(d) 9. Is (are) the tank/tanks inspected weekly to detect corrosion or leaking of fixtures or seams? ☒ Yes ☐ No
- 9.02.06(d) \* 10. Are the results of these inspections recorded in an inspection log or summary? Yes ☒ No ☒
- 9.10.06 11. Are ignitable or reactive wastes stored in tanks? If so, Yes ☒ No ☐
- 9.10.06(a)(1) a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 3.07 or 3.09 of these regulations? Yes ☐ No ☐
- 9.10.06(a)(2) b) Is the waste stored or treated in such a way that it is protected from any material or conditions which may cause the waste to ignite or react? Yes ☐ No ☐
- 9.10.06(b) c) Is the owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NFPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code"? Yes ☐ No ☐

\* A log is kept only if there is a leakage

Inspector's Name: Julia King-collins

Title: Biologist

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: 4/26/84

Inspector's Name: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: \_\_\_\_\_

9.04.02(d)

- c) A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators?  
List primary coordinator.

☒ Yes ☐ No

Name Terry Youngerman  
Title Plant Protection Supervisor  
Telephone (703) 373-9179

9.04.02(e)

- d) A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility?

☒ Yes ☐ No

9.04.02(e)

- e) Does this list specify the location and capabilities of emergency equipment?

☒ Yes ☐ No

9.04.02(f)

- f) An evacuation plan for the generator facility where there is a possibility that evacuation could be necessary?

☒ Yes ☐ No

9.04.03

- g) Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams?

☒ Yes ☐ No

9.04.06(i,j)

- h) If the contingency plan has been implemented, was a written report filed with the Commissioner and were the Commissioner and other required authorities properly notified before operations resumed?

Yes ☒ No

6.06.01

17. Does the facility retain copies of all manifests, annual reports, and test results for at least three years?

☒ Yes ☐ No

6.06.02

18. Has the facility submitted an annual report for the preceding calendar year?

☒ Yes ☐ No

19. Comments

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Inspector's Name: JULIA King-collins

Title: Biologist

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: 4/26/84

Inspector's Name: \_\_\_\_\_

Agency: Va. State Health Department, Bureau of Hazardous Waste Management

Office Location: 906 Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: \_\_\_\_\_

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 8th & Walnut Sts.  
Philadelphia, Pa. 19106

SUBJECT: RCRA Inspection- GMC Delco  
Moraine Division  
VAD 091222588

DATE: February 19, 1982

FROM: Harry J. Weber, Environmental Scientist *HW*  
RCRA Compliance And Superfund (3AW23)

TO: File

HRL: Robert L. Collings *Robert L. Collings*  
Chief, Water & RCRA Enforcement Section (3RC12)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY  
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS  
REQUIRED AT THIS TIME.

CHECKLIST FOR RCRA INSPECTION OF GENERATORS

Name of Facility: GMC Delco Moraine Division

Address: 3401 Tidewater Trail

Fredericksburg, Virginia 22401

EPA Generator ID Number: VAD 091222588

Facility Inspection Representative: Edward Gansen

Title: Facilities Manager

Telephone Number: 703/899-5060

RO USE

Inspection file

No. \_\_\_\_\_

Reviewer \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Form "A" (VA)

VA HWM Regs.

1. Please provide a brief narrative explaining the type of work activity that occurs at the generator.

Manufacturer of Torque  
converter clutches for  
automobiles and light  
trucks

2. Does the generator dispose of its wastes:

a) On-site?

(Circle one or both)

☒ b) Off-site?

Note: If on-site, then checklist for both a generator and TSD facility must be completed if on-site more than 90 days.

3. What is the amount (in kilograms) or number, as appropriate, of:

3.03.01

a) Hazardous waste produced per month by the generator facility? 3,280 kilograms

3.03.02

b) Hazardous waste accumulated by the generator facility at any time? 35,000 kilograms

3.03.03.(a,b)

c) Any commercial chemical product or manufacturing chemical intermediate having the generic name listed in 40 CFR Part 261.33(e) or any off-specification



commercial chemical product or manufacturing chemical intermediate which, if it met specifications, would have the generic name listed in 40 CFR Part 261.33(e) which is discarded each month or is accumulated at any time for discarding? 0 kilograms

3.03.03.(c)

d) Containers identified in 40 CFR Part 261.33(c) larger than 20 liters in capacity that are discarded each month or are accumulated at any time for discarding? 0 (number)

3.03.03(d)

e) Inner liners from containers identified under 40 CFR Part 261.33(c) that is discarded each month or is accumulated for discarding? 0 kilograms

3.03.03(e)

f) Any residue or contaminated soil, water, or other debris resulting from the cleanup of a spill of any commercial chemical product or manufacturing chemical intermediate having the generic name listed in 40 CFR Part 261.33(e) that is discarded each month or is accumulated at any time for discarding? 0 kilograms

If the amount of (c) and (d) is less than 1, the amount of (e) is less than 10, the amount of (f) is less than 100, and the amount of (a) and (b) is less than 1000, then the facility qualifies as a small quantity generator and Form C should be completed instead of Form A.

4. What categories of hazardous wastes originate at the generator's facility? Please circle yes or no.

3.07

a) Ignitable wastes

☒ Yes ☐ No

3.09

b) Reactive wastes

Yes ☒ No

3.08

c) Corrosive wastes

Yes ☒ No

3.10

d) EP Toxic wastes

☒ Yes ☐ No

3.11

e) RCRA Listed Waste

Yes ☒ No

5. Is the generator presently:

a) Treating hazardous waste?

Yes ☒ No

b) Storing hazardous waste?

☒ Yes ☐ No

c) Disposing hazardous waste?

Yes ☒ No

Note: if the generator performs any of the activities noted in Question #5 [except as provided for at 9.01(c)(7)], then the inspector must complete Form B, entitled "RCRA Checklist for inspection of hazardous waste treatment, storage and disposal facilities."

6.04

6. Is a manifest system currently in operation at the generator's facility so that off-site shipment of hazardous wastes can be tracked?

☒ Yes ☐ No

7. Please inspect the generator's manifest for the following information:

5.04.03(c)

a) Is the TSD facility which receives a generator's hazardous waste identified by name, address, telephone number, and EPA ID number?

☒ Yes ☐ No

5.04.02

b) Is a serialized manifest document number included on the form?

☒ Yes ☐ No

5.04.03(a)

c) Are the generator's name, address, telephone number and EPA ID number included on the form?

☒ Yes ☐ No

5.04.03(b)

d) Are the name, address, telephone number, and EPA identification number of each transporter included on the form?

☒ Yes ☐ No

5.04.04

e) Is a description of the generator's hazardous waste to be treated, stored, or disposed included on the manifest?

☒ Yes ☐ No

5.04.05

f) Are the quantity of each waste, by units of weight or volume, and the type and number of containers loaded in the transport vehicle included on the manifest form?

☒ Yes ☐ No

5.04.06

g) Is the following certification noted on the generator's manifest form and is the certification acknowledged by the generator's signature?

"This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled

- and are in proper condition for transportation according to the available regulations of the DOT and EPA."
- 5.04.07 h) Are there adequate copies of the manifest available for generator, transporter, and TSD's? ☒ Yes ☐ No
- 6.05.05 8. Is hazardous waste being accumulated on-site by the generator for less than 90 days? If yes, ☐ Yes ☒ No
- 6.05.05(a)(3) a) Is the date accumulation of waste began clearly marked on each storage container? ☐ Yes ☐ No
- 6.05.05(a)(2) b) Are storage containers in good condition, i.e., no corrosion, leaking, or structural deformations? ☐ Yes ☐ No
- 6.05.05(a)(4) c) At the time of accumulation, are the storage containers clearly labeled as containing a particular hazardous waste in accordance with DOT regulations? ☐ Yes ☐ No
- 9.04.01(a) 9. Does the generator have an established contingency plan to deal with emergencies that may impact hazardous waste currently in storage at the facility? ☒ Yes ☐ No
- 9.02.07(a) 10. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? ☒ Yes ☐ No
- 9.02.07(d)(1) 11. Does the generator facility maintain a record of job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job? ☒ Yes ☐ No
- 9.02.07(d)(2) 12. Does the generator facility have on record a written position description for each job title noted in Question #11? ☒ Yes ☐ No
- 9.02.07(d)(3) 13. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #11? ☒ Yes ☐ No
- 9.03.02 14. \*At the generator facility, is the following equipment installed:
- 9.03.02(a) a) An internal communications or alarm system capable of providing immediate

- personnel if the hazardous waste storage area is threatened by fire or explosion? ☒ Yes No
- 9.03.02(b) b) A device at the scene of hazardous waste generator operations capable of summoning emergency assistance from Police, Fire departments, etc.? ☒ Yes No
- 9.03.02(c,d) c) Fire control equipment and an adequate supply of fire fighting water or fire suppression chemicals? ☒ Yes No
- 9.03.05 15. \*Does the generator facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? ☒ Yes No
- 9.04 16. Does the facility have a contingency plan which contains the following elements:
- 9.04.02(a,b) a) A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water? ☒ Yes No
- 9.04.02(c) b) A detailed description of arrangements formally agreed to by local police, fire departments, and state and local emergency teams to provide assistance during emergency situations? ☒ Yes No
- 9.04.02(d) c) A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators? ☒ Yes No
- Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.
- 9.04.02(e) d) A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility? ☒ Yes No
- 9.04.02(f) e) \*An evacuation plan for the generator facility if Management believes such a plan is a definite requirement for their particular generator facility. ☒ Yes No

17. Please provide detailed comments on specific problems encountered during the inspection. For instance, industry requests for clarification of specific RCRA rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

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Inspector's Name: W. E. Lanford

Title: Public Health Engineer

Agency: Va. Dept. of Health, Div. of Solid and Hazardous Waste Management

Office Location: \_\_\_\_\_

Date of Inspection: 1/5/82

Inspector's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Office Location: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**CHECKLIST FOR RCRA INSPECTION OF TREATMENT,  
STORAGE & DISPOSAL (TSD) FACILITIES**

Name of Facility: GMC Delco Moraine Division  
 Address: 3401 Tidewater Trail  
Fredericksburg, Virginia 22401  
 EPA TSD ID Number: VAD091222588  
 Facility Inspection Representative: Edward Gansen  
 Title: Facilities Manager  
 Telephone: 703/899-5060

RO USE

Inspection File

No. \_\_\_\_\_

Reviewer \_\_\_\_\_

Date reviewed \_\_\_\_\_

Form "B" (VA)

**SITE CHARACTERIZATION** (Please denote if the facility presently treats, stores, or disposes of hazardous waste. Also, mark the appropriate sub-category that occurs at the particular facility.)

**TREATER**

☐ Filtration  
☐ Incineration  
☐ Thermal Reduction  
☐ Recycling/Recovery  
☐ Chem/Phys/Bio Treatments  
☐ Waste Oil  
☐ Reprocessing  
☐ Solvent Recovery  
☐ Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STORER**

☐ Open Pile  
☐ Surface Impoundment  
☒ Drum  
☐ Above ground tank(s)  
☐ Below ground tank(s)  
☐ Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DISPOSER**

☐ Landfill operation  
☐ Land treatment  
☐ Surface Impoundment  
☐ Incineration  
☐ Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VA HWM Regs.

**INSPECTION PROCEDURE**

1. Does the facility generate hazardous wastes? ☒ Yes ☐ No

Note: Please complete the generator's checklist if TSD facility generates hazardous wastes which are disposed of off-site.

9.02.04

2. Does the facility have in place a waste analysis plan? If so, ☒ Yes ☐ No

9.02.04(a)(i)

a) Does the plan enable facility personnel to identify hazardous wastes being handled by the facility? ☒ Yes ☐ No

- |                             |  |                                      |    |
|-----------------------------|--|--------------------------------------|----|
| 9.02.04(b)(3)               | b) Does the plan enable facility personnel to confirm that wastes actually received at the TSD facility are the wastes indicated on the generator's manifest form?   | <input checked="" type="radio"/> Yes | No |
| 9.02.05(b)(1)               | 3. *Does the TSD facility have a 24-hour surveillance system which monitors and controls entry to the active portion of the facility?  | <input checked="" type="radio"/> Yes | No |
| 9.02.05(b)(2)(i)            | a) If not, does the facility have an artificial or natural boundary which surrounds active portions of the facility and,   | <input checked="" type="radio"/> Yes | No |
| 9.02.05(b)(2)(ii)           | b) A means to control entry at all times, i.e., gates, attendants, locked entrances, etc.?   | <input checked="" type="radio"/> Yes | No |
| 9.02.05(c)                  | 4. *Does the TSD facility have a restricted access sign posted at each entrance to the active portion of the facility? (an example would be: "Danger - Unauthorized Personnel Keep Out!") If so,   | <input checked="" type="radio"/> Yes | No |
|                             | a) Is the sign legible from a distance of 25 feet?   | <input checked="" type="radio"/> Yes | No |
|                             | b) Is the sign in English or any other foreign language predominant to the geographical area?  | <input checked="" type="radio"/> Yes | No |
| 9.02.06(b)(1)<br>9.02.06(d) | 5. Does the TSD facility have an inspection log and a written schedule for inspecting all emergency equipment, security devices, and operating and structural equipment, important to the prevention, detection or response to environmental/human health emergencies? | <input checked="" type="radio"/> Yes | No |
| 9.02.07(a)                  | 6. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures?   | <input checked="" type="radio"/> Yes | No |
| 9.02.07(d)(1)               | 7. Does the TSD facility maintain a record of job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job?  | <input checked="" type="radio"/> Yes | No |

- |                       |   |                                      |    |
|-----------------------|---|--------------------------------------|----|
| 9.02.07(d)(2)         | 8. Does the TSD facility have on record a written position description of each job title noted in Question #7?  | <input checked="" type="radio"/> Yes | No |
| 9.02.07(d)(3)         | 9. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #7?  | <input checked="" type="radio"/> Yes | No |
| 9.03.02               | 10. *At the TSD facility, is the following equipment installed:   |                                      |    |
| 9.03.02(a)            | a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion?   | <input checked="" type="radio"/> Yes | No |
| 9.03.02(b)            | b) A device at the scene of hazardous waste TSD operations capable of summoning emergency assistance from Police, Fire departments, etc.?   | <input checked="" type="radio"/> Yes | No |
| 9.03.02(c,d)          | c) Fire control equipment and an adequate supply of fire fighting water or fire suppression chemicals?  | <input checked="" type="radio"/> Yes | No |
| 9.03.05               | 11. *Does the TSD facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies?  | <input checked="" type="radio"/> Yes | No |
| 9.04                  | 12. Does the facility have a contingency plan which contains the following elements:  |                                      |    |
| 9.04.02(a)            | a) A detailed description of emergency procedures which facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water?  | <input checked="" type="radio"/> Yes | No |
| 9.04.02(c)<br>9.03.06 | b) A detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations?  | <input checked="" type="radio"/> Yes | No |
| 9.04.02(d)            | c) A listing of names, addresses, and phone numbers of the TSD facility emergency response coordinators?<br><u>Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.</u> | <input checked="" type="radio"/> Yes | No |



9.04.02(e) d) A list of appropriate emergency equipment necessary to cope with emergencies at the TSD facility? ☒ Yes ☐ No

9.04.02(f) e) \*An evacuation plan for the TSD facility if Management believes such a plan is a definite requirement for their particular TSD facility? ☒ Yes ☐ No

9.04.05 13. Does the facility have at all times at least one employee either on-call or on the site who is responsible for coordinating all emergency response measures? ☒ Yes ☐ No

If so, please complete below:

Name: Terry Youngerman

Title: Plant Protection Supervisor

Telephone Number: 703/373-9179

9.04.08(a) 14. Does the TSD facility have a written operating record which contains the following information:

9.04.08(b)(1) a) A description of and the quantity of each hazardous waste received, and the method and date of treatment, storage or disposal? ☒ Yes ☐ No

9.04.08(b)(2) b) The location of each hazardous waste within the facility and the quantity at each location? ☒ Yes ☐ No

9.04.08(b)(3) c) Detailed records and results of waste analyses and incineration trial tests performed on wastes coming into the facility? ☒ Yes ☐ No

9.04.08(b)(4) d) Detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? ☒ Yes ☐ No

9.04.08(b)(5) e) Detailed records and results of inspections performed on facility emergency equipment, TSD systems, and hazardous waste areas? ☒ Yes ☐ No

9.04.08(b)(6) f) Detailed monitoring, testing, and analytical data to insure compliance with the regulations? ☒ Yes ☐ No

9.06.03  
9.06.08

15. Have the TSD facility operators initiated the preparation of written closure and post closure plans in order to meet the May 1981 target date for implementation of these requirements?

Yes No

9.04.07

16. Does the TSD facility receive hazardous waste from off-site generators? If yes, are the following procedures implemented:

Yes No

5.05

- a) Manifest copies are signed and dated

Yes No

5.05.03

- b) A copy is given to the transporter

Yes No

5.05.04

- c) A copy is sent to the generator

Yes No

5.05.04

5.05.05

- d) A copy is returned and filed at the TSD facility

Yes No

Note: These requirements do not pertain to onsite facilities unless such facilities also receive hazardous wastes from off-site sources.

9.05

17. Does the facility owner utilize surface impoundments, landfills or land treatment technologies? If yes, has the owner implemented a groundwater monitoring program?

Yes No

Note: Plan not required until one year after effective date of regulations.

18. The inspector should check for the following conditions at the TSD facility:

9.02.08(a)

- a) Open fires

Yes No

9.02.08(b)(2,3)

- b) Fumes or gases

Yes No

9.02.08(b)(4)  
9.08.02

- c) Leaks or corrosion in containers or other storage structures

Yes No

9.02.08(b)(5)

- d) Leachate to receiving streams

Yes No

9.03.01

- e) Malfunction of equipment

Yes No

9.03.01

9.08.02

- f) Bulging drums

Yes No

9.02.08(b)(1)

- g) Excessive heat generation from storage facilities, lagoons, storage piles, etc.

Yes No

19. Please provide detailed comments on specific problems encountered during the TSD facility inspection. For instance, industry requests for clarification of specific rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

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Inspector's Name: W.E. Lanford

Title: Public Health Engineer

Agency: Va. Dept. of Health, Div. of Solid and Hazardous Waste Mgt.

Office Location: Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: 1/5/82

Inspector's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Office Location: \_\_\_\_\_

# Hazardous Waste Monitoring And Enforcement Log

RESP. AGENCY

E - EPA  
 S - STATE  
 J - JOINT-E/S  
 C - CONTR/EPA  
 O - OTHER  
 B - CONTR/STATE  
 X - EPA OVERSIGHT

 1. EPA ID: VAID 09112121518181

HANDLER TYPE:

 2. FACILITY NAME: GMC - DELCO MORRINE DIV.
☐ MAJOR

 3. ADDRESS: 3401 TIDEWATER TRAIL, FREDERICKSBURG, VA 22401
☒ NON-MAJOR

4. TYPE OF REPORT:

☒ NEW ☐ UPDATE

SEQUENCE NUMBER:

5. DATES OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT:

 START 4/26/84  
 H D Y

6. TYPE OF EVALUATION COVERED BY THIS REPORT:

☒ EVALUATION INSPECTION  
☐ SAMPLING INSPECTION

☐ RECORD REVIEW

☐ SPECIAL INSPECTION

☐ FOLLOW-UP

Resp. Agency

S

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5):

1/1/  
 H D Y

8. TYPE AND CLASS OF VIOLATION (enter number of violations by type and class):

Class of Violation	Area of Violation						
	GMRI	CI/PL	Fin. Res.	Pt. D	Comp. Sched.	Manifest	Other
0							
I							
II							
III							3

## 9. ENFORCEMENT ACTIONS

ACTION CODES	Class of VOL.	Area of VOL.	Type of Action	Date Action Taken (m/y)	Compliance Dates (m/y)		Penalty (\$000)		Res. Agency
					Projected	Actual	Assessed	Collected	
01 I S C L	3	OTHER	03	5-6-84	7-6-84		FOR USE WITH ACTION CODE 4 or 5 ONLY		USE CODE E, S or X ONLY
02 3007 LETTER	↓	↓	↓	↓	↓				
03 3008 WARNING LTR/NOV									
04 3008 COMPLIANCE COMPLAINT									
05 3008 FINAL COMPLIANCE ORDER									
06 3013 ADM. ORDER (INITIAL)									
07 3013 ADM ORDER (FINAL)									
08 7003 ADM ORDER									
09 STATE COMPLIANCE ORDER									
10 INFORMAL									
11 CIVIL ACTION									
12 CRIMINAL ACTION									
13 NOV TO STATE									

COMMENTS:

(Use other)

# Hazardous Waste Compliance Monitoring and Enforcement Log

1. EPA ID: <u>VIA009112251818</u>						4. HANDLER TYPE: <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> NON-MAJOR																																							
2. HANDLER NAME: <u>GMC DELCO MORRIS DIV</u>																																													
3. ADDRESS: <u>3401 TIDEWATER TRAIL, FREDERICKSBURG, VA. 22401</u>																																													
5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT:						<u>4/14/84</u> H D Y																																							
6. TYPE OF EVALUATION COVERED BY THIS REPORT:						<input type="checkbox"/> EVALUATION INSPECTION <input type="checkbox"/> SAMPLING INSPECTION <input checked="" type="checkbox"/> RECORD REVIEW <input type="checkbox"/> SPECIAL INSPECTION <input type="checkbox"/> FOLLOW-UP																																							
7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5):						<u>  </u> / <u>  </u> / <u>  </u> H D Y																																							
8. AREA AND CLASS OF VIOLATION (enter number of violations by area and class):						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 15%;">Class of Violation</th> <th colspan="6" style="text-align: center;">Area of Violation</th> </tr> <tr> <th style="width: 10%;">GMH</th> <th style="width: 10%;">CI/PC</th> <th style="width: 10%;">Fin. Res.</th> <th style="width: 10%;">Pl. B</th> <th style="width: 10%;">Comp. Sched.</th> <th style="width: 10%;">Other</th> </tr> <tr> <td style="text-align: center;">I</td> <td></td> <td></td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">II</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">III</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Class of Violation	Area of Violation						GMH	CI/PC	Fin. Res.	Pl. B	Comp. Sched.	Other	I			0				II							III						
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II																																													
III																																													
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Area of Violation	Type of Action Taken (circle one)					Date Action Taken (ady)	Compliance Dates (ady)		Penalty																																				
							Scheduled	Actual	Assessed	Collected																																			
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10. COMMENTS: <u>All requirements satisfied</u>																																													

**CHECKLIST FOR RCRA INSPECTION OF USE  
AND MANAGEMENT OF CONTAINERS**

RO USE

Name of Facility: GMC Delco Moraine Division

Inspection file

Address: 3401 Tidewater Trail

No. \_\_\_\_\_

Fredericksburg, Virginia 22401

Reviewer \_\_\_\_\_

EPA Generator ID Number: VAD 091222588

Date reviewed \_\_\_\_\_

Facility Inspection Representative: Edward Gansen

Form "I" (VA)

Title: Facilities Manager

Telephone Number: 703/899-5060

The questions contained in this checklist apply to owners and operators of all hazardous waste facilities that store containers of hazardous waste, except as Section 9.01 provides otherwise.

Va. HWM Regs.

- |                             |   |   |
|-----------------------------|---|---|
| 9.08.02                     | 1. Are all containers in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation?  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 9.08.03                     | 2. Are containers lined or made of materials compatible with hazardous wastes placed into them so that the container will not react or corrode with the hazardous wastes?                                       | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 9.08.04(a)                  | 3. Are all containers holding hazardous waste kept closed during storage?   | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 9.08.05                     | 4. Are areas where hazardous waste containers are stored inspected by the owner/operator at least once a week?  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 9.02.06(b)(1)<br>9.02.06(d) | 5. Is an inspection log maintained? (See question #5 of TSD checklist.)   | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 9.08.06                     | 6. Are containers holding ignitable or reactive waste located at least 50 ft. from the facility's property line?  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 9.08.07(a)                  | 7. Are incompatible wastes placed in the same container? (See Appendix 5 for examples.)   | Yes <input checked="" type="radio"/> No                       |
| 9.08.07(c)                  | 8. Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Inspector's Name: W. E. Lamford

Title: Public Health Engineer

Agency: Va. Dept. of Health, Div. of Solid and Hazardous Waste Mgt.

Office Location: Madison Bldg., 109 Governor St., Richmond, Va. 23219

Date of Inspection: 1/5/82

Inspector's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Office Location: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_